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WEST'S LECTURES ON DISEASES OF WOMEN,

16 PAGES.

CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Chlorate of Potash in Scurvy.—In the course of a recent visit to the decks of the Dreadnaught Hospital Ship, the resident Medical officer, Mr. CORNER, directed our attention to a severe case of scurvy, and stated that he now always prescribed the chlorate of potash in that disease. It had the effect, he stated, of curing the sponginess of the gums much more rapidly than could be done by any other treatment. He had never given it excepting with lime-juice, etc., at the same time; and the proof he relied on was, that in cases treated without it, and by the latter means only, the gums got well more slowly. The speedy restoration of a sound state of gums is of course of great importance, since it enables the patient to take food much better. Mr. Corner's fact is one of great importance, since it goes to establish the assertion of the writer in a report on this salt, that chlorate is cura-

tive of all inflammations of the mouth and gums, whatever their cause, syphilitic and cancerous alone excepted. It will cure the follicular, ulcerative, and phagedænic forms of stomatitis like a charm, and perhaps even true cancrum oris if taken early; in hæmorrhagic purpura, although it has no influence whatever on the disease itself, it will harden the gums and prevent their bleeding; it is a speedy remedy in mercurial ptyalism; and now we may add the spongy gums of scurvy to the list of mouth affections over which its spell has potency. What is more singular still, it will, when given in full doses to healthy persons, in some instances, produce a form of stomatitis exactly resembling the one against which it is a specific! Such are its powers; who will explain to us its *modus medendi*?—*Med. Times and Gazette*, Nov. 7, 1857.

Chronic Pleurisy with Effusion—Thoracentesis.—An instructive case of chronic effusion into the pleural sac is at present

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under Dr. JEAFFRESON'S care in St. Bartholomew's. The man is aged about 55, and was in tolerable health, when an illness, characterized by the symptoms of sub-acute pleurisy, first occurred. This was about five months from the present time. He was admitted about six weeks ago, Dr. Martin being then on duty. The left chest was found to be full of fluid, though not very greatly distended, the heart not being displaced. Puncture of the chest was performed by Mr. Coote at Dr. Martin's request, and upwards of two pints of clear serum evacuated. Dr. Jeafreson has since pursued a diuretic and mercurial plan of treatment, but without as yet any effect in procuring the absorption of the remaining fluid. The man has suffered but little in general health, and has been allowed to be up and about the ward. The non-absorption of the effusion has suggested to his attendants whether there may not possibly be some mechanical cause for it, in the shape of a malignant tumour or aneurism. Against such a supposition, however, is the man's account of a pleuritic seizure in the first instance, and after all it is not so rare for absorption to be exceedingly tardy in similar cases. There is at present an almost parallel one under Dr. Risdon Bennett's care in St. Thomas's. In it a man of about 45 has had the left chest just full for about three months, six weeks of which time has been spent in the Hospital. Mercurials have been cautiously but fully used, as well as squills, broom, and other esteemed diuretics. No effect on the fluid has, however, as yet been produced. The man is kept in bed, and suffers remarkably little inconvenience. Drs. Barker and Bennett met in consultation three weeks ago as to whether the chest ought to be relieved by puncture, but were of opinion that it would be better not to interfere. A few weeks ago we also saw a case of like nature, only in a much younger subject, under Dr. Barlow's care, in Guy's. In it absorption was just complete, and the boy was about to leave the Hospital. Dr. Barlow observed that his faith in the usefulness of thoracentesis had very much waned of late. The majority of cases in which it was adopted would, he believed, do equally well without it.—*Med. Times and Gazette*, Nov. 7, 1857.

Chronic Vomiting with Sarcinae.—There is a case now under Dr. FULLER'S care in St.

George's, in which the sarcinae ventriculi are very abundant in the matters vomited. The patient is a sallow man, aged 35, by occupation a fisherman. His symptoms, the chief of which has been obstinate vomiting, commenced about three months ago. The quantities ejected are often very large. There are no marked signs of obstructive pyloric mischief, malignant or otherwise. The vomiting has been less frequent since his admission, not having occurred more than once a day on the average. Dr. Bence Jones remarked the other day, in going round the wards, respecting the presence of sarcinae, that they were not at all unfrequent in cases of chronic vomiting from whatever cause, and possessed, as far as he was aware, no special value as an indication. This is, we believe, the opinion now generally entertained respecting them by our hospital physicians.—*Med. Times and Gazette*, Nov. 7, 1857.

The Upper and Lower Section of the Cornea in Extracting Cataract.—MR. WHITE COOPER has lately been testing the merits of the upper and lower section in extraction of cataract in thirteen cases in St. Mary's Hospital and the North London Eye Infirmary. The upper section was performed on six eyes, the lower section on seven. The results were as follows: Upper section: In all the cases the sections united well; in five there was good sight; in one the pupil is temporarily obstructed by opaque capsule, which, however, can readily be removed. Lower section: One eye suppurated, the patient being a very unfavourable subject; in another eye the pupil was drawn down in consequence of non-union of wound, and prolapse of the iris. Five recovered well, with good sight. The case in which the pupil was dragged down was a flabby, elderly man, with very feeble powers, and probably the subject of fatty degeneration. He had undergone extraction in the other eye in 1856, and recovered good sight, though the section was nearly a month in uniting.—*Med. Times and Gaz.*, Oct. 17, 1857.

Artificial Prolapse of Iris for Acute Glaucoma.—Artificial prolapse of the iris for the relief of what is called acute glaucoma, has, in the following case, at the London Ophthalmic Hospital, been attended with a

satisfactory result by the operation introduced by Graëfe. The man, a patient of Mr. Critchett, injured the left eye three years ago. Immediate loss of vision, and final softening and squaring of the globe, were the results. Six weeks after the injury, when the inflammation had subsided in the left eye, a black speck spontaneously appeared in the right eye, which, within three months, diffused into a general mist. Six months later an inflammation appeared, which, continuing for six weeks, ended with considerable impairment of vision. Three similar painful inflammatory attacks ensued before the patient came to the hospital. The conjunctiva was then very vascular; the cornea slightly hazy; the iris of a dull grayish-blue colour; the pupil large and immovable; the area of the pupil of a dull grayish hue, as if occupied by some disk-shaped exudation; the eyeball very hard and painful. The patient only saw the shape of large objects. Mr. Critchett, after having removed the left globe, opened the right cornea at the outer edge with a broad needle, and with the blunt hook drew out a considerable portion (one-third) of the iris, leaving it in the corneal wound. The grayish hue in the area of the pupil proved to be some kind of membranous exudation thrown out there. As soon as the aqueous humour escaped, it folded up and moved on the inner anterior aspect of the iris. Mr. Critchett considers that the inflammation in the eye is accompanied by so much exudation that its pressure is injurious, and that by drawing out the iris a kind of filter is established, which, whenever in the course of inflammation the quantity of fluid in the eye would be sufficient to press upon the contents of the globe, allows the injurious abundance of fluid to drain away. Ten days later, the conjunctiva was much less vascular, the cornea transparent, the iris of normal colour, and the area of the pupil black; no pain. The patient could tell the time by a small watch. Before he came to this hospital, he had been treated with calomel and opium, and there is little doubt that if no surgical means had been adopted vision would have been lost. This kind of treatment for so called acute glaucoma being new, we have thought proper to enlarge upon the case, especially as these cases are not unfrequent, and before this time were looked upon as almost hopeless.

—*Lancet*, Oct. 17, 1857.

Removal of the Lens, &c., for the Relief of Conical Cornea.—The use of powerfully concave glasses after removal of the lens in cases of conical cornea was well illustrated by a case which came under our notice the other day in Mr. Critchett's practice at the Moorfields Ophthalmic. A labouring man from the country, aged 31, presented himself about six weeks ago, being very nearly blind from the joint effect of conical cornea and opaque capsule in the axis of vision. He stated that he had been born blind, and at the age of four had had his sight restored by couching by Mr. Lawrence in St. Bartholomew's. After Mr. Lawrence's operations he could see fairly until the age of 20, when his sight began gradually to fail him. To use his own expression, a sort of film seemed to form over them, and he saw things very indistinctly. Both corneæ were now conical to a marked, though not to the most extreme degree, and in each pupil was a floating piece of opaque capsule. It appeared probable that the failure in his sight was rather connected with the alteration in the curve than with the capsular remains, since the latter had most likely existed ever since the original operations. He had never worn spectacles. Mr. Critchett tore through the membrane in each eye with the needle, and ordered him to be supplied with powerful concave glasses. The effect of these is to enable him to see very fairly. He can distinguish features, see the time by the clock, and read large print. His vision, as regards distant objects, and when looking towards the light, is still very indistinct, but the advantage gained is quite sufficient to encourage to the adoption of similar measures in future cases of this almost hopeless affection. By first getting rid of the lens, the eye is made amenable to relief by spectacles, when it would not otherwise have been so. It is an interesting speculation in the above case, whether the production of the conical shape of the cornea may not have been due to the efforts to adjust the eye after removal of the lens, the use of the ordinary magnifying glasses having been neglected. A slight degree of conical cornea would be an advantage after the operation for cataract. It is easy to conceive that if spontaneously produced with a curative intent it might in the end exceed its mission, just as hypertrophy of the heart in obstructive valvular diseases often does, and cause a greater evil than it had at first relieved.

The case is one of several which have recently occurred at the Ophthalmic, in which grown up persons, having been operated on in infancy for cataract, have neglected, through ignorance, to procure spectacles, and, consequently, never obtained good sight.—*Med. Times and Gazette*, Nov. 7, 1857.

Dislocation with unusual Symptoms.—

"One of the most constant and characteristic symptoms of dislocation, and one which seems to distinguish the injury from fracture, is the fixed condition of the limb. In some cases there is absolute immobility of the limb, so that it can neither be moved by the voluntary efforts of the patient, nor even by the surgeon. This complete immobility is usually found in joints which move only in a single plane; for example, it is particularly observed in dislocation backwards of the elbow."

These remarks will doubtless receive a very general assent, but a most remarkable instance to the contrary was seen the other day in the surgery of St. Bartholomew's Hospital. A middle aged man presented himself with a simple dislocation of both bones of the right forearm backwards, which he stated had been caused by a fall from a cart. There was an extraordinary amount of mobility, indeed the parts about the elbow were so lax and admitted of such free motion in all directions, that at the first glance it had the aspect of a comminuted fracture. Moderate extension with the forearm at an obtuse angle, sufficed to reduce it. The natural relation of the bones was at once perfectly restored, and no fracture or other injury could be detected on a careful examination.

Mr. Lloyd, who saw and examined the case, stated that he had never seen a similar one.—*Med. Times and Gaz.*, Oct. 17, 1857.

Disseminated Painful Subcutaneous Tubercles.—A single tumour of this kind, generally as large as a pea or a coffee-berry, occasions fits of the most excruciating pain, and, when present in women, is the cause sometimes of hysteria and allied affections. We have seen them removed from the breasts of females, and have noticed them crying and sobbing in the most hysterical manner. Extirpation has always given permanent and immediate relief. Our readers will be interested to learn that there is a

case in St. Bartholomew's Hospital at present, in a delicate-looking, nervous female, whose body is actually covered by hundreds of them, varying in size, but not exceeding that of a pea. They are not all simultaneously painful, but numbers of them one after the other become so, and are removed by Mr. Coote with the knife under the influence of chloroform. This case was supposed by some present to be identical with the disease known as molluscum, a good example of which has already appeared in our "Mirror," as occurring at King's College Hospital under Mr. Bowman's care; but it is a different thing altogether, as the little tumours are entirely subcutaneous, and most likely involve some minute nervous fibril. Molluscum, on the other hand, is characterized by numerous small growths upon the skin, springing from the sebaceous follicles, and attaining to the size of peas, marbles, walnuts, &c., and utterly devoid of pain. Mr. Coote's case, moreover, does not bear the slightest analogy even to the cases of true neuroma, as described in Mr. R. W. Smith's work on the subject.—*Lancet*, Oct. 10.

Rarity of Pyæmia after Herniotomy.—

Those who have had large experience of operative practice, have long been accustomed to observe on the exceeding rarity of death from pyæmia after the operation for hernia. We have it very frequently after amputations, not seldom after the removal of tumours, now and then after lithotomy, but almost never after herniotomy. Our list for the last three months, published last week, singularly enough contains no fewer than three examples of its occurrence. In all, the disease proved fatal. About a year ago, a case occurred under Mr. Stanley's care, in St. Bartholomew's, but, with that exception, we scarcely recollect a single example of it prior to those referred to. Another class of operations after which pyæmia is even yet more unfrequent, is that of removal of sequestra in cases of necrosis. And here it is fair to remark that a strong argument against the opinions of those who attribute pyæmia to the use of chloroform, is contained in the fact just mentioned. Necrosis operations are often very tedious, and involve the patients being kept under the anæsthetic for periods usually three or four times as long as is requisite for an amputation, yet the latter is very often followed by pyæmia,

and the former almost never. If we seek for the explanation of its rarity after hernia operations, we shall have to presume two laws as established respecting it: 1st, that it is by far more apt to occur after injuries to large veins than under other circumstances; and 2dly, that it is often conveyed by direct contagion, as from sponge, the surgeon's fingers, dress, &c. Now, neither hernia operations nor excisions of sequestra usually involve the division of large veins, nor do they require anything like the amount of dressing and of handling that a stump requires. In an amputation, the hands of several assistants are commonly brought in contact with the cut surface, and repeated dressings are afterwards necessary, thus multiplying the chances of contagion.—*Med. Times and Gaz.*, Oct. 17, 1857.

Cystic Disease of the Lower Jaw.—A very striking and well-marked case of this affection is in St. Bartholomew's Hospital just now, under Mr. Coote's care, and well worthy the careful examination of the student. An old and hearty-looking man, seventy-four years of age, has a most extensive cystic enlargement of the lower jaw on the left side, which has been coming on for five years, and extending into the floor of the mouth, in which situation the cysts are fluctuating. The origin of the affection in the present instance Mr. Coote attributes to the irritation produced by the stumps of decayed teeth. He punctured some of these cysts with a trocar, and gave exit to a sero-purulent fluid from one, and fluid like the white of an egg from two others. On the 5th of September he pulled out a couple of bodies of teeth, with scarcely any remains of fangs, but in their stead some irregular fibrous-like projections. The removal of these permitted the flow of a sero albuminous fluid, the teeth having acted like stoppers. Since the man has been in hospital, the size of the tumour has most certainly diminished one-third under the plan of treatment of puncturing. The age of the patient precludes the possibility of attempting any more severe measures than those already adopted. On the 21st the swelling had somewhat increased, and three or four of the cysts were again punctured, with the discharge of a thick, clear, yellow fluid, and several of these were run into one internally. This was done under partial anæsthesia from chloroform. One of the cysts discharged a

good deal in the mouth; this was partly swallowed, and had caused indigestion.—*Lancet*, Oct. 10, 1857.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Ligature of Common Carotid.—This operation has lately been performed by Dr. SAMUEL CHOPPIN, at the Charity Hospital, New Orleans. The patient was doing well.—*N. O. Med. News*, Nov. 1857.

Glycerine and Tannin in Sore Nipples.—It is stated in the *Boston Medical and Surgical Journal*, that equal parts of glycerine and tannin is an effectual application for sore nipples, and also for chaps and excoriations of other parts.

Bequest to a Family Physician.—The late JOHN E. THAYER, of Boston, among other liberal provisions of his will, has bequeathed to the venerable Dr. James Jackson, the medical attendant of the family of the deceased for two generations, one thousand dollars a year during his life, to be continued to Mrs. Jackson if she survives her husband. It is also ordered that the first payment of this annuity shall be made in ten days after the will is proven. The intelligence of this bequest was imparted to "the good physician" on his eightieth birthday. "We feel sure," says the *Boston Transcript*, "that no remembrance was ever made that will give more general and cordial satisfaction in the community;" and, we may add, in the profession. This solid man, Mr. Thayer, evidently had a soul. Peace to his ashes!—*Virginia Med. Journ.*, November, p. 436.

Dr. Geo. Hayward.—The trustees of the Massachusetts General Hospital have had executed a marble bust of Dr. GEORGE HAYWARD, in commemoration of his long and brilliant services to the institution under their charge. The artist, Mr. Dexter, has very happily reproduced the expressive physiognomy of the gifted surgeon.—*Ibid.*

OBITUARY RECORD.—Died, at Jones' Hotel, in this city, on the 4th of October, Dr. ELISHA GATCHELL, of Kennett Square, Chester County, Pa., in the 30th year of his age.

Dr. Gatchell was a zealous and successful student, and though but a few years engaged in professional life, yet he had already gained such a position as gave promise of a career of eminence and usefulness.

At the meeting of the Chester County Medical Society, held October 27, 1857, the following preamble and resolutions were unanimously adopted:—

Whereas, it has pleased an All-wise Providence to remove by death, in the fulness and vigor of youth, our highly esteemed friend and colleague, Dr. Elisha Gatchell, therefore

Resolved, That this Society has received with the deepest regret the intelligence of the decease of Dr. Gatchell, at the threshold of his career of usefulness and distinction, and that while we bow with humility to the inscrutable judgment of an Over-Ruling Providence, our humanity requires that we should give utterance to the feelings of our hearts under this unexpected bereavement, by which the profession has been deprived of a member who, by the purity of his character, the geniality of his disposition, and the brightness of his mental culture, gave promise of becoming one of its most distinguished ornaments.

Resolved, That we deeply sympathize with the family of the deceased in the irreparable loss they have sustained.

Resolved, That the Committee upon Biographies be directed to prepare a memoir of the deceased.

Resolved, That a copy of the foregoing be transmitted to the family of the deceased, and that a copy be offered for publication.

FOREIGN INTELLIGENCE.

Hystero-Epilepsy.—M. LEGRAND DU SAULLE has communicated to the French Academy an interesting case of hystero-epilepsy. A young girl expelled several *larvæ* from her nose after having had for some time a persistent frontal cephalalgia. On the 25th of March, 1851, she had hystero-epileptiform convulsions, lasting several hours. A month after, she was placed in the lunatic asylum of the Côte d'Or, as being epileptic and insane. A few days after she had forty-five fits, followed by maniacal agitation. Her cephalalgia was persisting, and, at times, she expelled *larvæ*

from her nose. Thinking that they came from the frontal sinuses, the author ordered the patient to smoke small cigars containing arseniate of soda, and he succeeded in killing the *larvæ* by having the smoke passed through the nose and the sinuses. A few days after, *larvæ*, without movements, were expelled, the cephalalgia ceased, and there were no more convulsions. On the 8th of November, 1851, the girl left the asylum in an excellent state of mind and body. She is now (October, 1857) in perfect health.—*Med. Times and Gaz.*, Nov. 7.

Bronzed Skin and Disease of Supra-renal Capsules.—A case of bronzed skin, with disease of the supra-renal capsules, has recently excited some interest here. M. CHARCOT, who had observed the patient, and who has made the autopsy, had conceived, from the examination of the capsules with the naked eye, that they were in a normal condition, and the case was presented to the Société de Biologie as one of those which are considered as being in opposition with the view of Dr. Addison. But after a more careful examination, it has been found, with the microscope, that these glands were very much altered. This is an important case, because it throws aside, as having no decisive value, the cases of bronzed skin, in which the capsules, not having been examined with the microscope, have been declared normal.—*Med. Times and Gaz.*, Nov. 7, 1857.

Effect of Red Blood on the Vital Properties of the Contractile and Nervous Tissues.—Two years ago, Dr. Brown-Séquard published the results of numerous experiments, showing that red blood—i. e., richly oxygenated blood—has the power of reproducing the vital properties of almost all the contractile tissues, when it is injected in the artery some time after these tissues have lost these properties. In a paper read to the Academy of Sciences on the 19th of October last, this physiologist relates some new facts on this subject. It is well known, since the admirable experiments of Sir Astley Cooper, that animals die from asphyxia when circulation is stopped in their four encephalic arteries, and that if the circulation be quickly re-established, the animals recover almost immediately. Dr. Brown-Séquard has ascertained that, if circulation takes place again a few minutes after the

last respiratory movement, life does not reappear; but if the lungs are insufflated, the apparently dead trunk revives, and becomes endowed with a very energetic reflex power; and that 5, 10, or 15, and in one case 17 minutes after the last respiration, in insufflated dogs, if circulation is re-established in the encephalon, the functions of the brain proper and of the respiratory nervous centre reappear, and the animal may be restored to full life. In heads separated from the body, injections of richly oxygenated blood may reproduce the actions of the brain proper and of the medulla oblongata many minutes (even 14 or 15) after decapitation. In a second part of his last paper, Dr. Brown-Séquard points out a radical difference between the two kinds of blood, the arterial and the venous, or rather the red and the black. He has ascertained by a great many experiments that red blood—i. e. blood charged with oxygen, whether arterial or venous—never has the power of stimulating or exciting any organ or tissue, while black blood—i. e. blood charged with carbonic acid, has the power of stimulation in a very high degree as regards the nervous centres, and in a lower degree as regards the sensitive and motor nerves, and the contractile tissues. On the contrary, the red blood has the power of regenerating the vital properties, while black blood is hardly able to maintain them at a low degree. Dr. Brown-Séquard calls attention to a peculiar mode of action of black blood, which consists in its producing intermittent or periodical effects, and sometimes perfectly rhythmical actions, even in the muscles of animal life. He finishes his paper by the indication of the danger of employing black blood in transfusion. He relates facts to prove that the blood of an animal acts as a poison when injected in the veins of an animal of another species, only when it is black and charged with carbonic acid. The blood of a rabbit may kill the same individual as well as another animal of the same species, if it is injected black—whether defibrinated or not—in its veins; so it is for dogs, for cats, for birds; while, on the contrary, richly oxygenated blood, whether venous or arterial, and defibrinated or not, and taken from birds, turtles, etc., may be, without any ill effect, injected in the veins of a mammal. The great danger of transfusion of blood, after the entrance of air in the veins and the coagulation of its fibrin, is, therefore,

the employment of a liquid containing too much carbonic acid. This danger, and, at the same time, the danger of coagulation, may easily be avoided by employing whipped venous blood, which, during the operation of whipping, loses its coagulating principle, and much of its carbonic acid, and absorbs a good deal of oxygen.—*Med. Times and Gaz.*, Nov. 7, 1857.

Hydrocotyle Asiatica.—This is the name of a new drug which has lately been much used in France in the treatment of certain cutaneous affections. The *Hydrocotyle Asiatica* is an umbelliferous plant, found in the eastern portion of the Asiatic continent, and was introduced to the notice of the Imperial Academy of Medicine of Paris, by M. Lépine. The action of the drug has been tested by MM. Cazenave and Devergie, of the Hôpital St. Louis, who have, as far as experiments have been made, reported favourably upon its merits. The form of administration is in granules or syrup. An hydro-alcoholic extract is obtained in vacuum, which prevents deterioration by atmospheric influence, as the plant itself rapidly undergoes change. It exercises a particular virtue over various cutaneous affections, particularly those of long standing and dependent on the presence of syphilitic or scrofulous taint. It has been administered with success in cases of leprosy and elephantiasis. M. Cazenave reports that its effects are remarkable and constant. It causes a considerable augmentation in the secretion of the urine, and an increase in the heat of the skin. When given in excess, it produces copious sweats, a sensation of heaviness, uneasiness, and giddiness of the head. We believe that little notice has as yet been taken of this new medicine in this country. Mr. Price, however, has been trying its efficacy at the Great Northern Hospital, and also at the Blenheim Free Dispensary, and has found that benefit has certainly followed its use in some instances of obstinate syphilitic eruptions, and in chronic eczemas. The preparations are to be obtained of Messrs. Savory and Moore, of New Bond Street. *Lancet*, Oct. 1857.

Pediculi Pubis.—Dr. HAMAL recommends the following treatment: After having thoroughly washed the parts covered with hair first with soap and water, and

then with clear water, and drying them, pour chloroform on drop by drop, and rub it in. Then cover the parts with a folded handkerchief for half an hour, when another washing with soap and water should be performed, in order to detach the *débris* of the pediculi.—*Med. Times and Gaz.*, Nov. 7, from *Gaz. des Hôp.*, 108.

Eczema of the Face in Children.—Dr. BEHREND recommends the following application for the crusts which frequently cover the face of children: Cod-liver oil fifteen, and bicarbonate of soda two parts.—*Ibid.*, from *Bull. de Thérap.*, Sept., p. 272.

Repeated Induction of Anæsthesia.—A female patient of M. GOSSELIN, with syphilitic stricture of the urethra, suffered such intense pain during explorations, that it became necessary to administer chloroform whenever these were made. During eight months these inhalations have been repeated more than a hundred times, and daily at the beginning of this period. In spite of this frequent resort to chloroform, the patient is just as sensible to its influence, and is sent to sleep as quickly as on the first day, and in two or three minutes the finger or other body can be passed into the rectum, and left there for several minutes. M. Gosselin employs the same means of administering it that he always does—namely, a piece of charpie placed in the hollow of a compress, preferring this to any form of apparatus.—*Ibid.*, from *Gaz. des Hôp.*, No. 98.

Effect of Town Life on Mortality.—Dr. LESTER, in his late annual report on the "Sanitary Condition of London," states "the mean age at death of adult males in the city, is 51, and of females, 55. In all England it is 60 and 61; so that, in one case, about 9 years is taken from the lifetime, and, in the other, about 6. And again, if we examine the longevity of adults at other ages, it will be seen that the contrast is equally great. At 45 and upwards, the mean age at death of the male citizen is 62, and of the female 65. In all England it is 68 and 69. At the age of 65, a man with us may expect to live to the 72d year, and a woman to the 75th; but in the whole of England the expectancy is to the 76th and 77th. These are the numerical exponents of the strain upon a city life, and they testify of the penalties that are paid to ex-

cessive civilization."—*Med. Times and Gaz.*, Nov. 7, 1857.

Cholera in England.—An outbreak of cholera has occurred in a row of cottages at West Ham, on the river Lea, near the Thames. The first case appeared on the 29th of September, and between that and the 14th of October there were fourteen cases, of which seven were fatal. After this late date the epidemic seems to have died out.

"This outbreak of cholera," says Dr. Elliot, the officer of health of the district, "cannot be traced to infection nor to communication with any person from an infected place. The only circumstance that can give any ground for suspicion of infection is, that herds of cattle and flocks of sheep imported by the steamboats from Hamburg have been from time to time driven direct from the ships up to the marshes in the neighbourhood, and are there pastured. But I cannot connect that fact with the occurrence and limitation of the disease in that row of cottages."

The Sanitary Commission on the Seat of War in the East.—A thick blue book, of 300 pages, issued on Saturday, contains the report of the proceedings of the Sanitary Commission dispatched by Lord Panmure to the seat of war in the East (1855-6). As the result of their whole experience, the commissioners express their opinion that, inasmuch as the neglect of military hygiene, whether as regards the soldier personally, or the sanitary state of camps, barracks, and hospitals, has hitherto, in all countries, climates, and seasons, been the cause of the largest amount of loss in armies, the whole subject demands, in future, a practical development commensurate with its importance to the public service. The appendix to the report contains papers on the topography and geology of the seat of war, and on cooking and clothing, with abstracts of diaries and journals from the pens of Dr. Milroy, Dr. Sutherland, Mr. Walling, Dr. Smart, and Messrs. Newlands, Freney, and Aynsley.—*Med. Times and Gaz.*, Nov. 7, 1857.

The Weather in England in July, August, and September, 1857.—From Mr. GLAISHER's account of the meteorology of the late remarkable season, it appears that the tem-

perature of July, August, and September was considerably above the average of the same months in the last 86 years. Since the year 1771 the temperature of July has only been somewhat exceeded 13 times. Since 1771, a date as far back as trustworthy records extend, the temperature of the month has never been so high as it was in August last, and the temperature of the month of September was only exceeded six times. In one year only (1818) out of 86 years did the temperature exceed the temperature of the three summer months. July and August were less, September was more humid than usual. Little rain fell in July; the average amount fell in August; the rainfall in September was above the average. As a general rule the temperature of a thermometer with its bulb on the grass falls in every month below the freezing point (32°); but it is a remarkable fact that at Greenwich the thermometer so placed never fell below 30 degrees in the last three months. The Register-General adds, "A summer of unusual warmth in our European climates not only promotes the growth of corn and wine, but is probably salutary to the human frame where the land is drained, decaying refuse is buried in the earth, and cleanliness is observed. But in England these conditions are not yet complied with; hence fever, ague, and diarrhoea have prevailed extensively in the last hot summer."—*Med. Times and Gaz.*, Nov. 7. 1857;

Sanitary Customs of the Jews.—It is noticeable that in poor neighbourhoods which have been attacked by cholera, fever, small-pox, and similar diseases, the Jews living there have in an extraordinary manner escaped visitation. The apparent causes of this sanitary fact are worthy of attention.

1. As regards food, it seems that even the poorest Jews are most particular in the food they eat. In obedience to the law of Moses, they use none of the blood or offal of animals; they are also particular in the choice of fish, and avoid both animals and fowls which are grossly or unwholesomely fed. 2. Intemperance in drink is rare amongst them; and even the very poor Jews are remarkable for their attention to moral family ties. There are, of course, exceptions, but this general characteristic is certain. 3. Their religion directs them to use great personal cleanliness. Ablutions

are made before visiting the synagogues, and on other occasions. Their houses are also thoroughly cleaned at certain periods from top to bottom. All the above acts are important to health, and the good effect of attention to them is evident. The rules are so simple, that they might be readily observed by the chief parts of the masses of people in the large towns amongst whom this ancient race are scattered.—*British Med. Journ.*, from the *Builder*.

Berlin Medical School.—*DRS. TRAUBE* and *BARNSPRUNG*, who had acquired such high reputations in Berlin as *privat-docens* (that is, teachers unconnected with official position, the raw material from whence some of the best professors have been selected), have just been appointed extraordinary professors in the Berlin faculty; and there can be no doubt that, with such men as Virchow, Langenbeck, Gräfe, and Traube, acting harmoniously together, the Berlin School will soon recover its former high position. It may be remarked that, in contrast with the bigotry of Austrian regulations, prohibiting Protestants in future to hold professorships, Professor Traube is a member of the Jewish persuasion, no question ever being asked of any candidate as to the nature of his religious belief.

Medical Students in London.—It is stated in a recent number of the *Lancet* (Nov. 7), that there are fewer students than usual registered, this season, in the different metropolitan schools. The total number is about 1,050; the number last season was upwards of 1,100. In the provincial schools there is a still greater deficiency; and the same is said to be the case in Scotland and Ireland.

Mr. Travers.—This distinguished surgeon has just been appointed Serjeant-Surgeon to the Queen of England, in place of the late Mr. Keate.

American Quacks in London.—Since the adventure of Dr. Fell, several American quacks have arrived in England, evidently impressed with a belief in our extreme gullibility. We cannot deny that one 'cute Yankee has made a good harvest amongst our simple ones, but do not think the process will be soon repeated.

"Pudet hæc opprobria nobis
Et dici potuisse et non potuisse refelli."

One of these newly-arrived men styles himself Dr. Watson, of the "Reformed Medical College," United States, and is now distributing a pamphlet, entitled "Remarks on the Rational Treatment of Spematorrhæa, and its Concomitant Complaints, by means of the American Curative Instrument," price £3 3s. in silver. This precious production is the very type of unblushing impudence, ignorance, and quackery. Persons are cautioned against "applying to country practitioners, who too often not only protract the cure to a longer period than necessary, but not unfrequently permanently damage the constitution of the patient by improper treatment." Such assurance is almost sublime: the wolf cautioning the sheep against their shepherd. All the artifices which the vulpine nature of

quackery can suggest are brought into play: garbled extracts falsely applied; the deceptive use of phrases apparently applied to the great and good Dr. Watson; the lie concealed, the lie suggested, and the lie declared. The system is completed by the institution of a "Philanthropic Society of Grateful Patients" of Dr. Watson, cured of "great nervousness, debility, exhaustion of the system, groundless fears, thoughts of melancholy, and directed by Providence (sic) to that gentleman." A "Reverend" H. Williams, in pursuance of the resolutions of the committee, transmits a copy, gratis, to thousands of people through the post—and so the sham is completed. As this abominable quack courts publicity, we accord it to him. He seeks a recognition of his services, and will receive it in the indignation of our readers.—*Lancet*, Oct. 17, 1857.

PUBLISHER'S NOTICE.

In the present number is concluded Part I. of "WEST'S LECTURES ON DISEASES OF WOMEN," forming a complete treatise on the affections of the Uterus. The second Part, which will comprise the diseases of the Bladder, Vagina, External Organs, &c., is promised by the author for the latter part of next year, when, it is hoped, its publication may be resumed in the "News." In the meanwhile the work selected for the Library Department for 1857 is "HARRISON ON DISEASES OF THE ALIMENTARY CANAL (ÆSOPHAGUS, STOMACH, CÆCUM, and INTESTINES)."

The author's position as assistant physician in Guy's Hospital, and the recent appearance of the work in London, are a sufficient assurance that it will be found up to the hour, while the practical character of the volume is shown by the very large number of cases upon which it is based, no less than one hundred and sixty-three being carefully analyzed in all their details throughout its pages. Covering as it does the whole subject of affections of the digestive organs, which constitute so very large a portion of the daily practice of the physician, the publishers trust that it will be found to fully maintain the very high practical character of the works which have heretofore appeared in the "News."

Subscribers to the "AMERICAN JOURNAL OF THE MEDICAL SCIENCES" are reminded that remittance in advance of their annual subscription, FIVE DOLLARS, is necessary to secure the "MEDICAL NEWS AND LIBRARY" as a premium, and the prepayment of postage on both periodicals.

In the present deranged condition of the currency, the publishers beg leave to repeat that funds at par at subscribers' places of residence are received in payment of all subscriptions.

PHILADELPHIA, Dec. 1, 1857.

BLANCHARD & LEA.

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